

Appendix C: Assessment before venom immunotherapy

History required before each injection to decide if suitable to proceed or if dose modification required

Did you have a large local reaction to the last injection?	Yes/No
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If you said yes to the above question: How large was this reaction and how long did it last?

Did you have any reaction to the last injection after leaving the clinic?	Yes/No
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Have you been stung since your last injection?	Yes/No
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If you said yes to the above question: Which insect stung you? Was it a full sting, partial sting, single sting or multiple stings? What was the outcome?

Have you had a 'cold', 'chest infection', or other infection in the last week?	Yes/No
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Have you been diagnosed with any new illness recently?	Yes/No
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Have there been any problems with your asthma control since your last injection?	Yes/No
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Do you have any other active allergy?	Yes/No
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Have you changed your medicines since your last injection	Yes/No
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